WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

19007

1. PLACE OF DEATH
County New Madrid — Registration District No. 605 — File No.
Township Owen — Primary Registration District No. 5804 — Registered No.
City (No. St. Ward)

2. FULL NAME Dorothy Owens
(a) Residence. No. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mch. 22-1926

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
1	2	26	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butler Co. Mo.

PARENTS
10. NAME OF FATHER Carl Owens
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Mabel O. Thomason
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Green Co. Ark

14. INFORMANT F. M. Thomason
(Address) Parma, Mo. RFD 2

15. FILED 6/19, 1927 J. S. Blackman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 18 1927

17. I HEREBY CERTIFY, That I attended deceased from 6/16, 1927, to 6/18, 1927 that I last saw her alive on 6/16, 1927, and that death occurred, on the date stated above, at 7:20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Entero-Colitis
113B (duration) yrs. mos. 14 ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? at place of death
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Symptoms
(Signed) Edward Ford, M. D
June 19 1927 (Address) Parma Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Malden Mo.
DATE OF BURIAL: June 19 1927

20. UNDERTAKER: None
ADDRESS

r. Ford